

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/783,875
Filing Date	February 14, 2001
First Named Inventor	Mohammed Abdallah
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	042390P14703

RECEIVED

AUG 11 2004

OFFICE OF PETITIONS

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input checked="" type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|---|---|

Remarks

Renewed Petition Under 37 CFR 1.137(b)
 Postcard
 Check
 Executed Declaration/Power of Attorney

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John Patrick Ward Reg. No. 40,216
Signature	<i>[Signature]</i>
Date	8/16/04

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Debra L. Milbourne		
Signature	<i>Debra L. Milbourne</i>	Date	8/16/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL for FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1,480.00

Complete if Known

Application Number 09/783,875

Filing Date February 14, 2001

First Named Inventor Mohammed Abdallah

Examiner Name Unassigned

Art Unit Unassigned

Attorney Docket No. 42390P4912X

RECEIVED

AUG 11 2004

OFFICE OF PETITIONS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number

02-2666

Deposit Account Name

Blakely, Sokoloff, Taylor & Zafman LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	18	
Multiple Dependent	-3** =	86	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	1,480.00
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 1,480.00

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)

Larry M. Mennemeier

Registration No. (Attorney/Agent)

51,003

Telephone 408-720-8300

Signature

Date

8-6-04

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney's Docket No.: 42390P491X

Patent



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:
Mohammad Abdallah et al.

Examiner: Unassigned

Application No. 09/783,875

Art Unit: Unassigned

Filed: February 14, 2001

FIRST CLASS CERTIFICATE OF MAILING

For: METHOD AND APPARATUS FOR
FLOATING POINT OPERATIONS AND
FORMAT CONVERSION OPERATIONS

I hereby certify that this correspondence is being
deposited with the United States Postal Service as first
class mail with sufficient postage in an envelope
addressed to the Commissioner for Patents, Alexandria,
VA 22313-1450

on 8/16/04 Debra Milbourne
Date Debra Milbourne

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION


In response to the Notice to File Missing Parts mailed on March 20, 2001, please
find attached: (1) a duly executed Declaration and Power of Attorney with respect to the
above-referenced patent application; and (2) a copy of the Notice to File Missing Parts.

If any additional fee is required, please charge Deposit Account No. 02-2666.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: 8-6-04


Lawrence M. Mennemeier
Reg. No. 51003

Customer No. 45209
12400 Wilshire Blvd.
Seventh Floor
Los Angeles, CA 90025-1026
(408) 720-8598



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20593
www.uspto.gov

APPLICATION NUMBER	FILING RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/783.875	02/14/2001	Mohammad Abdallah	42390P4912X

CONFIRMATION NO. 1253

FORMALITIES LETTER



OC000000005883492

Michael J. Mallie
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Seventh Floor
12400 Wilshire Boulevard
Los Angeles, CA 90025-1026



Date Mailed: 03/20/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

*A copy of this notice **MUST** be returned with the reply.*

Subham

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

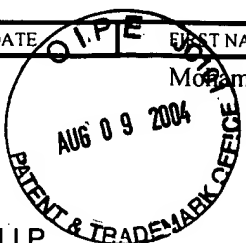


UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

Inl

APPLICATION NUMBER	FILING OR 371(C) DATE	INVENTOR NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/783,875	02/14/2001	Mohammad Abdallah	42390P4912X



CONFIRMATION NO. 1253

ABANDONMENT/TERMINATION
LETTER

OC000000010999145*

Michael J. Mallie
 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
 Seventh Floor
 12400 Wilshire Boulevard
 Los Angeles, CA 90025-1026

RECEIVED

OCT 10 2003

Date Mailed: 10/08/2003

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
 LOS ANGELES

NOTICE OF ABANDONMENT UNDER 37 CFR 1.53 (f) OR (g)

The above-identified application is abandoned for failure to timely or properly reply to the Notice to File Missing Parts (Notice) mailed on 03/20/2001.

- No reply was received.

A petition to the Commissioner under 37 CFR 1.137 may be filed requesting that the application be revived.

Under 37 CFR 1.137(a), a petition requesting the application be revived on the grounds of **UNAVOIDABLE DELAY** must be filed promptly after the applicant becomes aware of the abandonment and such petition must be accompanied by: (1) an adequate showing of the cause of unavoidable delay; (2) the required reply to the above-identified Notice; (3) the petition fee set forth in 37 CFR 1.17(l); and (4) a terminal disclaimer if required by 37 CFR 1.137(d).

Under 37 CFR 1.137(b), a petition requesting the application be revived on the grounds of **UNINTENTIONAL DELAY** must be filed promptly after applicant becomes aware of the abandonment and such petition must be accompanied by: (1) a statement that the entire delay was unintentional; (2) the required reply to the above-identified Notice; (3) the petition fee set forth in 37 CFR 1.17(m); and (4) a terminal disclaimer if required by 37 CFR 1.137(d).

Any questions concerning petitions to revive should be directed to the "Office of Petitions" at (703) 305-9282. Petitions should be mailed to: Mail Stop Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

A copy of this notice MUST be returned with the reply.

Customer Service Center
 Initial Patent Examination Division (703) 308-1202

PART I - ATTORNEY/APPLICANT COPY

OCT 14 2003

JR

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA



CERTIFICATE OF DEATH

3200134005546

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/00)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) Hsien-Cheng		2. MIDDLE E.		3. LAST (FAMILY) Hsieh	
4. DATE OF BIRTH M/M/DD/CCYY 09/28/1965		5. AGE YRS. 35		6. SEX M	
7. DATE OF DEATH M/M/DD/CCYY 07/16/2001		8. HOUR 1759			
9. STATE OF BIRTH Taiwan		10. SOCIAL SECURITY NO. 309-08-8210		11. MARITAL STATUS Married	
12. EDUCATION—YEARS COMPLETED 9		13. RACE Asian		14. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. OCCUPATION Engineer		16. KIND OF BUSINESS Computer		17. YEARS IN OCCUPATION 9	
18. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2078 Yellow Aster Court					
19. CITY Gold River		20. ZIP CODE 95670		21. STATE CA	
22. NAME, RELATIONSHIP Chien-Yu Huang-Wife					
23. MAILING ADDRESS (STREET AND NUMBER, CITY OR TOWN, STATE, ZIP) 2078 Yellow Aster Ct. Gold River, CA 95670					
24. NAME OF SURVIVOR Chien-Yu		25. MIDDLE -		26. LAST Hsieh	
27. NAME OF SURVIVOR Kun-Chun		28. MIDDLE -		29. LAST Hsieh	
30. NAME OF SURVIVOR Min-Tsu		31. MIDDLE -		32. LAST Hsieh	
33. DATE M/M/DD/CCYY 07/20/2001					
34. PLACE OF DEATH Re: Chien-Yu Huang-Wife 2078 Yellow Aster Ct. Gold River, CA 95670					
35. TYPE OF DEATH CR/RES		36. SIGNATURE OF DECEASED Not Embalmed		37. LICENSE NO. -	
38. NAME OF FUNERAL DIRECTOR Ross Monroe's Finalcare		39. PHONE NO. 916-433-1111		40. DATE M/M/DD/CCYY 07/20/2001 GR	
41. PLACE OF DEATH Mersey San Juan Hospital		42. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		43. COUNTY Sacramento	
44. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 6501 Coyle Avenue		45. CITY Carmichael		46. STATE CA	
47. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
48. SHOUPY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
49. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
50. LIES IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
51. IMMEDIATE CAUSE (A) DIABETIC KETOACIDOSIS					
52. DUE TO (B) DIABETES MELLITUS					
53. DUE TO (C) -					
54. DUE TO (D) -					
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 507 NONE					
56. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
57. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 07/16/2001		58. SIGNATURE AND TITLE OF CERTIFIER [Signature]		59. LICENSE NO. G063169	
60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Marvin Gatz MD		61. MAILING ADDRESS, ZIP 6600 Coyle Avenue Carmichael, CA 95608		62. DATE M/M/DD/CCYY 07/19/2001	
63. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		64. INJURY AT WORK (121. INJURY DATE M/M/DD/CCYY)		65. PLACE OF INJURY	
66. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PERSONAL INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		67. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) -			
68. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) -					
69. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		70. DATE M/M/DD/CCYY -		71. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER -	
72. STATE REGISTRAR A B C D E F G H		73. FAX AUTH. # 3064		74. CENSUS TRACT -	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

} SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SACRAMENTO COUNTY CLERK-RECORDER.

DATE ISSUED: DEC - 5 2003

This copy not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.



000658687

Mark J. Joris
SACRAMENTO COUNTY CLERK-RECORDER

